



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2020:42

Reporting for the week ending 10/17/20 (MMWR Week #42)

October 23rd, 2020

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

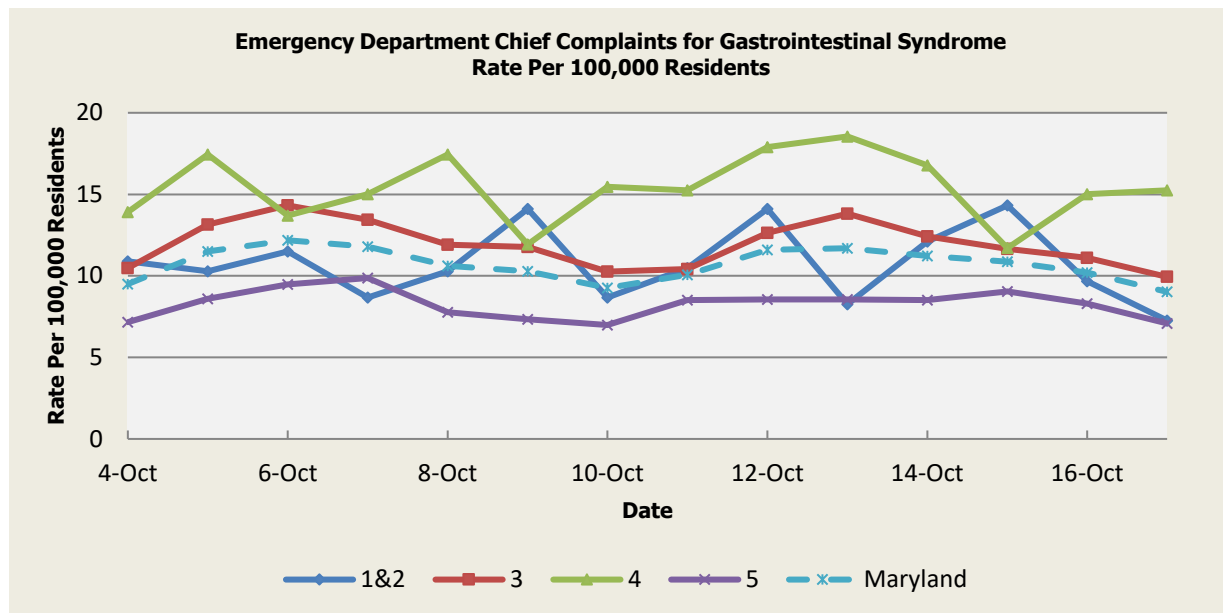
Maryland: **ENHANCED** (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2020.

(report continues on next page)

Gastrointestinal Syndrome



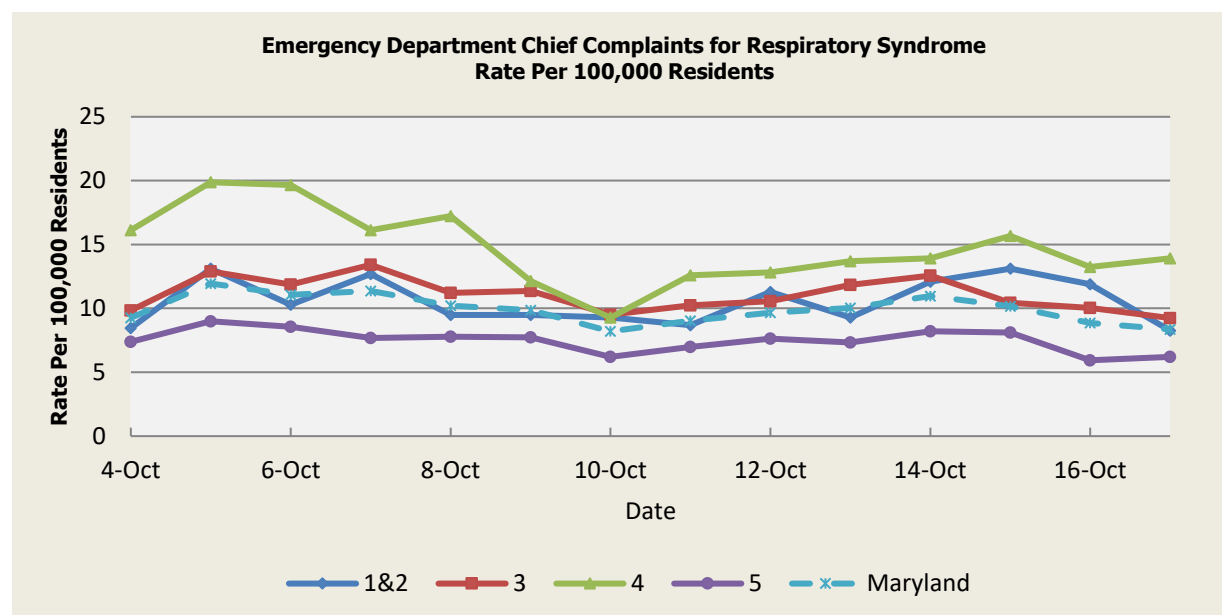
There were one (1) Gastrointestinal Syndrome outbreaks reported this week: 1 outbreak of Gastroenteritis in a Workplace (Region 4).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.22	14.88	15.86	10.15	13.01
Median Rate*	13.11	14.72	15.46	10.13	12.95

** Per 100,000 Residents*

(report continues on next page)

Respiratory Syndrome



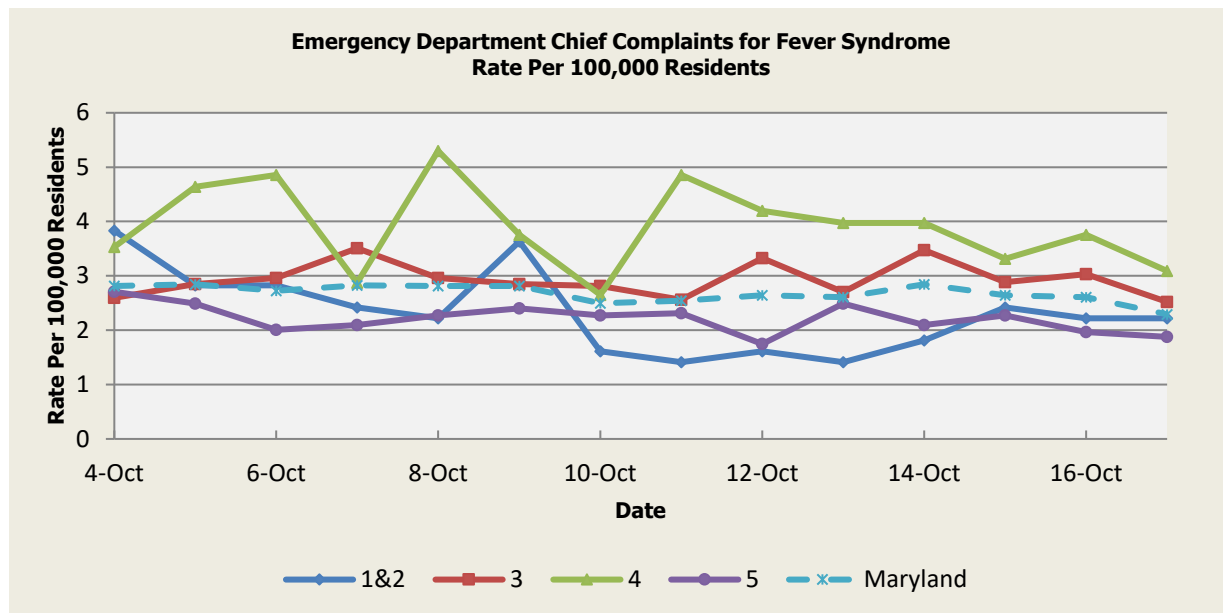
There were ninety-two (92) Respiratory Syndrome outbreaks reported this week: Thirteen (13) outbreaks of COVID-19 in Assisted Living Facilities (Regions 3,5), two (2) outbreaks of COVID-19 in Correctional Facilities (Regions 3,5), four (4) outbreaks of COVID-19 in Daycare Centers (Regions 3,4,5), one (1) outbreak of COVID-19 associated with a Gathering (Regions 1&2), thirty (30) outbreaks of COVID-19 in Group Homes (Regions 3,4,5), one (1) outbreak of COVID-19 in a Hospice (Region 3), three (3) outbreaks of COVID-19 in Hospitals (Regions 3,4), twenty (20) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in an Outpatient Facility (Region 5), one (1) outbreak of COVID-19 in a Restaurant (Region 4), two (2) outbreaks of COVID-19 in Schools (Regions 3,5), three (3) outbreaks of COVID-19 in Shelters (Regions 3,5), five (5) outbreaks of COVID-19 in Substance Abuse Treatment Programs (Regions 3,4), five (5) outbreaks of COVID-19 in Workplaces (Regions 1&2,3,5).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.45	14.77	15.17	10.01	12.78
Median Rate*	12.10	14.14	14.35	9.65	12.23

* Per 100,000 Residents

(report continues on next page)

Fever Syndrome



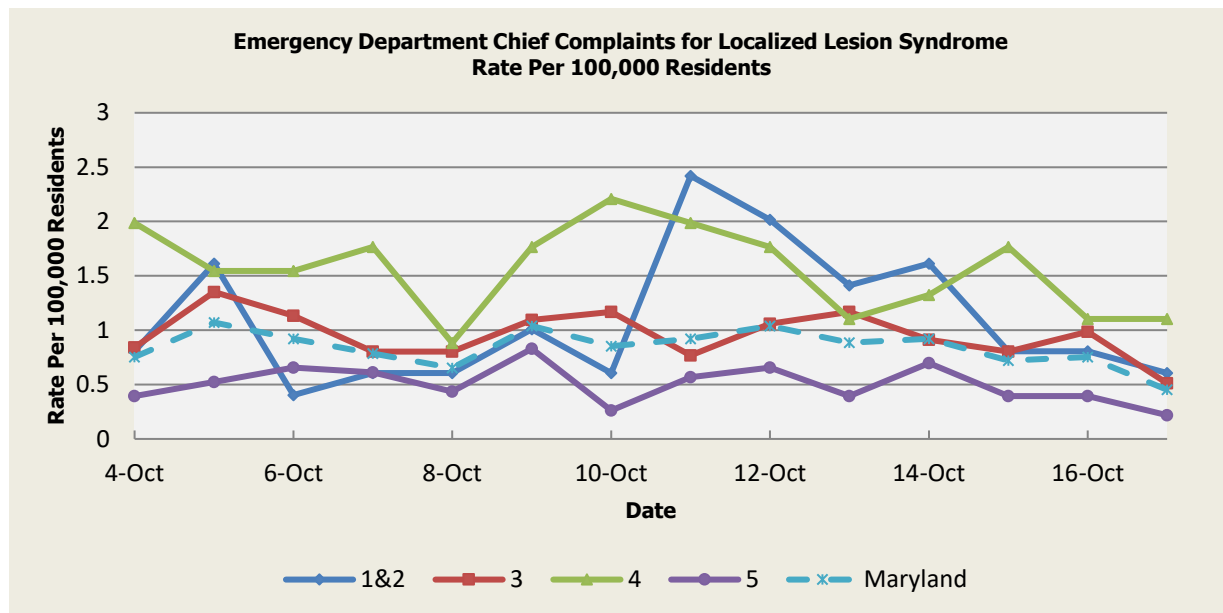
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.06	3.90	4.14	3.04	3.52
Median Rate*	3.02	3.76	3.97	2.92	3.38

**Per 100,000 Residents*

(report continues on next page)

Localized Lesion Syndrome



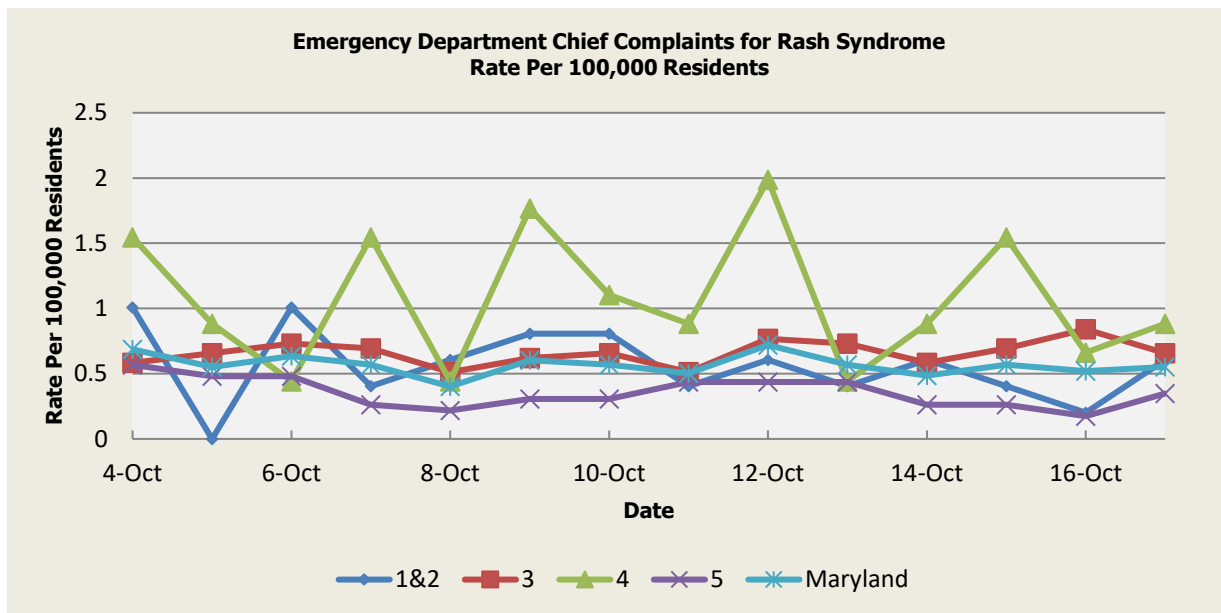
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.72	1.99	0.88	1.37
Median Rate*	1.01	1.64	1.99	0.83	1.32

* Per 100,000 Residents

(report continues on next page)

Rash Syndrome



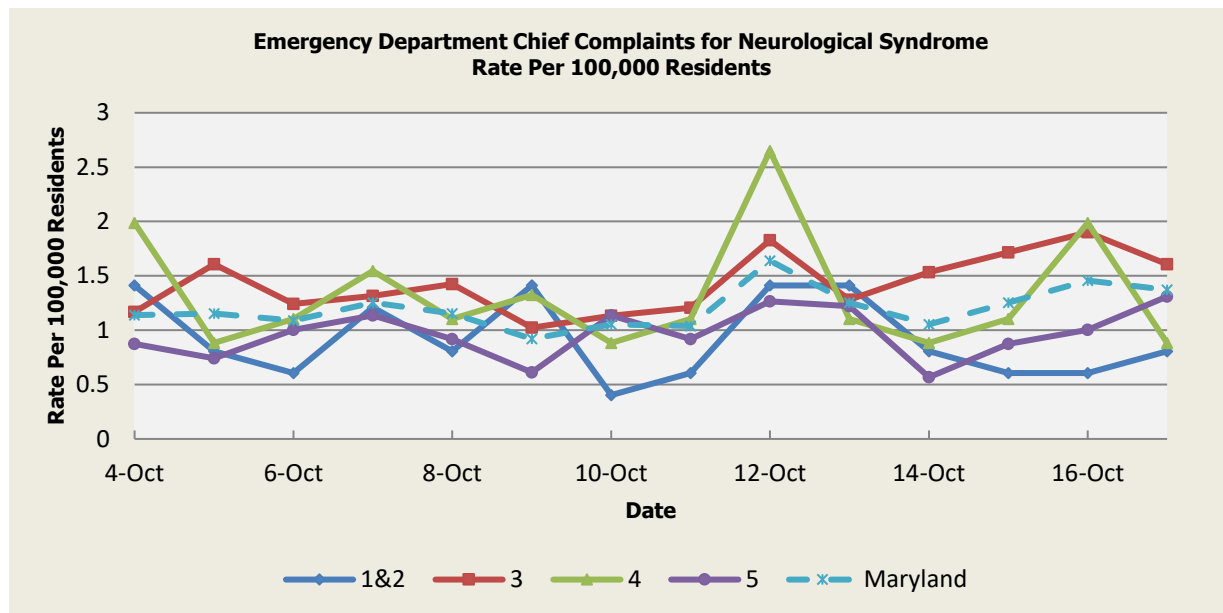
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.21	1.60	1.70	0.93	1.32
Median Rate*	1.21	1.53	1.55	0.92	1.29

* Per 100,000 Residents

(report continues on next page)

Neurological Syndrome



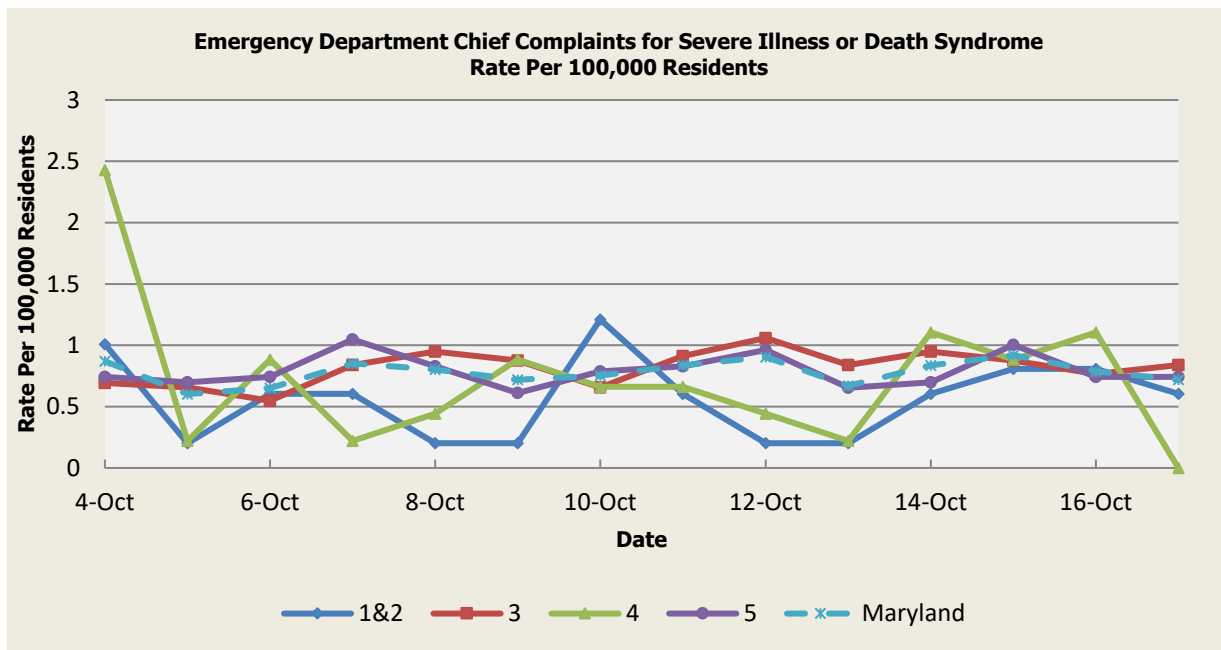
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.82	1.00	0.92	0.64	0.84
Median Rate*	0.81	0.95	0.88	0.61	0.80

* Per 100,000 Residents

(report continues on next page)

Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

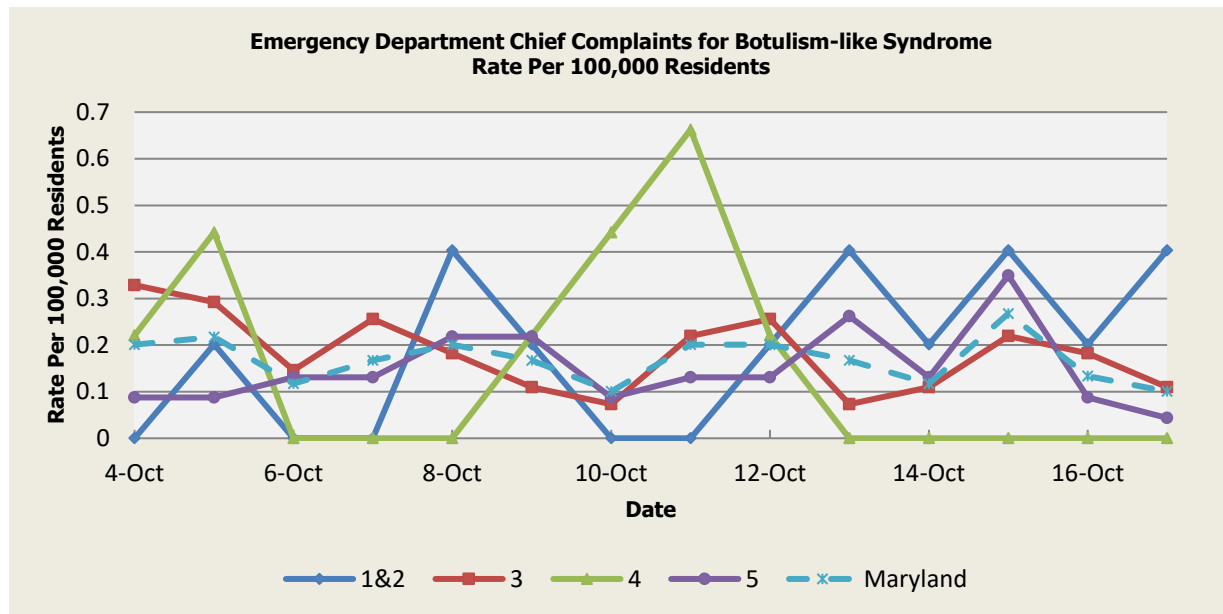
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.65	0.88	0.84	0.54	0.73
Median Rate*	0.60	0.84	0.88	0.52	0.70

* Per 100,000 Residents

(report continues on next page)

SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



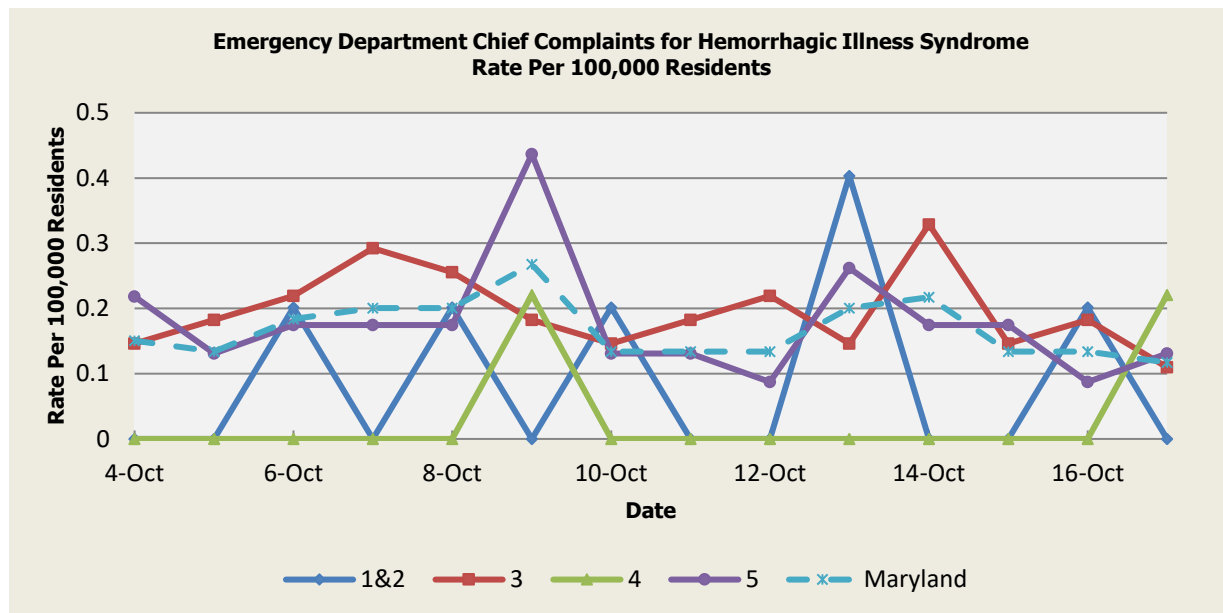
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 10/4 (Regions 3,4), 10/5 (Regions 1&2,3,4), 10/8 (Regions 1&2,5), 10/9 (Regions 1&2,4,5), 10/10 (Region 4), 10/11 (Region 4), 10/12 (Regions 1&2,4), 10/13 (Regions 1&2,5), 10/14 (Regions 1&2,5), 10/15 (Regions 1&2), 10/16 (Regions 1&2), 10/17 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	0.09	0.10
Median Rate*	0.00	0.11	0.00	0.09	0.10

* Per 100,000 Residents

(report continues on next page)

Hemorrhagic Illness Syndrome



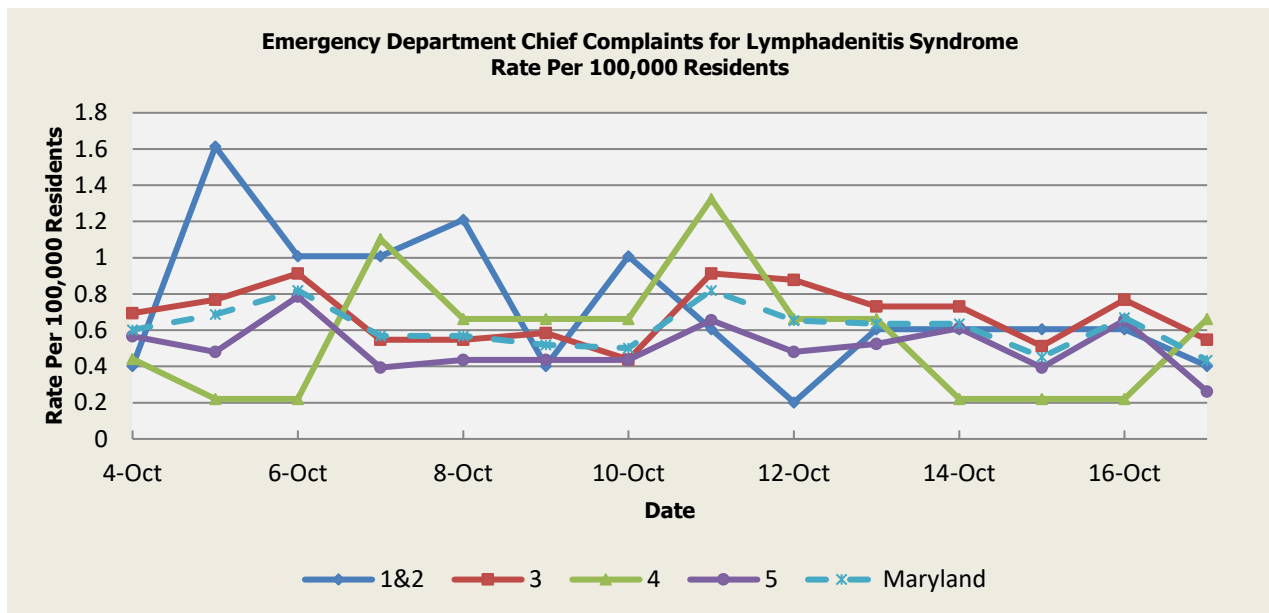
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 10/6 (Regions 1&2), 10/8 (Regions 1&2), 10/9 (Regions 4,5), 10/10 (Regions 1&2), 10/13 (Regions 1&2), 10/17 (Regions 1&2,4). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.05	0.17	0.04	0.15	0.14
Median Rate*	0.00	0.11	0.00	0.09	0.10

* Per 100,000 Residents

(report continues on next page)

Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 10/5 (Regions 1&2), 10/6 (Regions 1&2,5), 10/7 (Regions 1&2,4), 10/8 (Regions 1&2,5), 10/10 (Region 4), 10/11 (Region 4). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.41	0.40	0.49
Median Rate*	0.40	0.55	0.44	0.35	0.45

* Per 100,000 Residents

(report continues on next page)

MARYLAND REPORTABLE DISEASE SURVEILLANCE

Coronavirus Disease 2019 (COVID-19) Situation Summary

On March 5th, 2020, the Maryland Department of Health announced the first cases of coronavirus disease 2019 (abbreviated COVID-19) in the State of Maryland.

Confirmed COVID-19 Case Counts in Maryland by County (As of October 23rd, 2020)

County	Number of Confirmed Cases
Allegany	614
Anne Arundel	11,568
Baltimore City	17,181
Baltimore County	19,980
Calvert	1,153
Caroline	726
Carroll	2,175
Cecil	1,307
Charles	3,078
Dorchester	742
Frederick	4,610
Garrett	117
Harford	3,492
Howard	5,716
Kent	338
Montgomery	24,877
Prince George's	31,999
Queen Anne's	758
Somerset	404
St. Mary's	1,429
Talbot	636
Washington	2,182
Wicomico	2,418
Worcester	1,191
Total	138,691

The most up-to-date information may be found on the Maryland Department of Health website at <https://coronavirus.maryland.gov>.

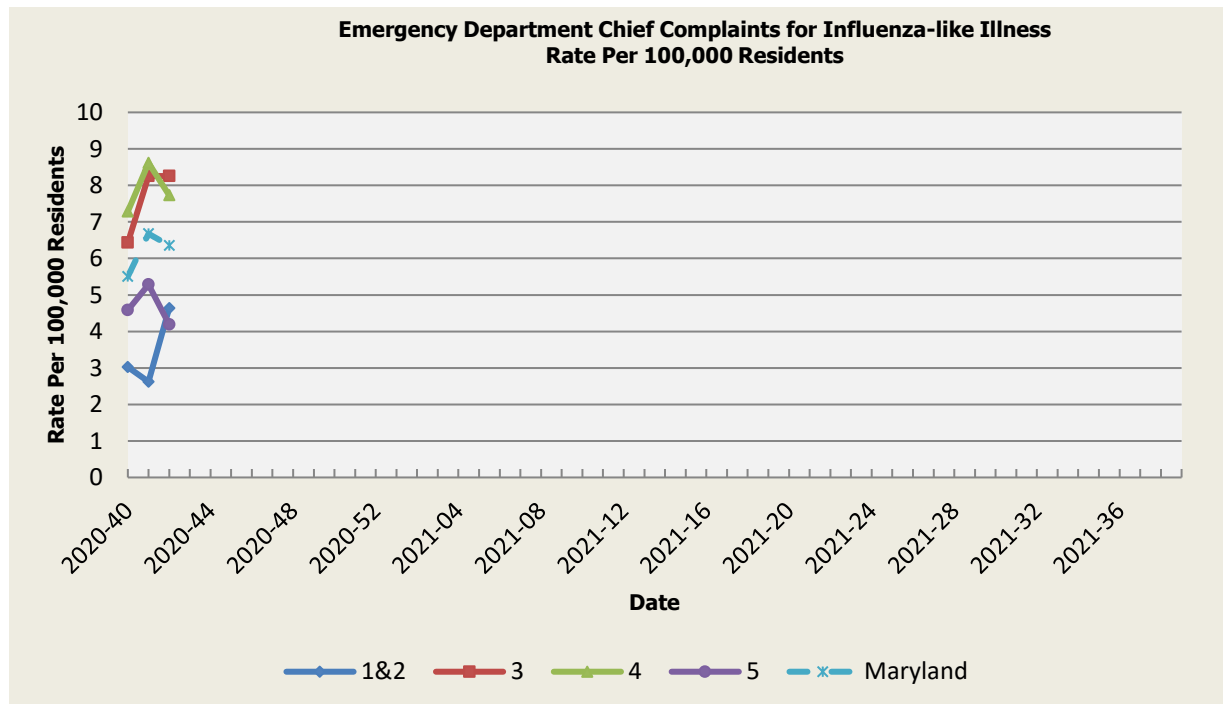
(report continues on next page)

SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2020 through May 2021). Due to the COVID-19 pandemic, influenza reporting will be extended to the beginning of the 2021-2022 reporting season (MMWR Week 40/Week Ending October 9, 2021).

Seasonal Influenza activity for Week 42 was: Minimal

Influenza-like Illness

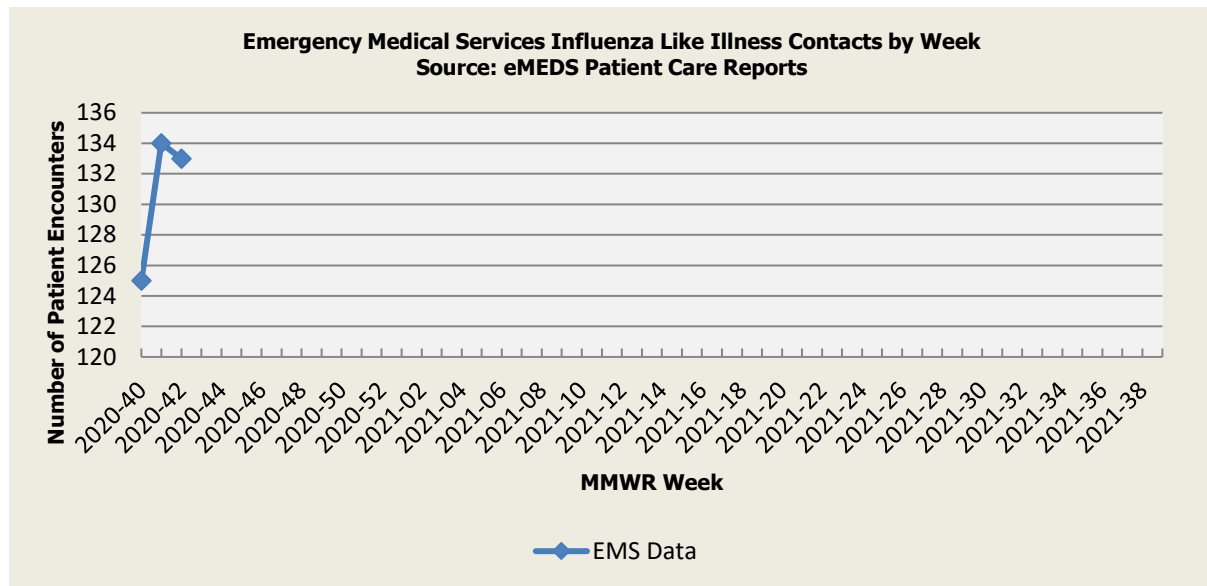


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.28	14.11	13.42	11.91	12.89
Median Rate*	7.66	10.39	9.50	8.84	9.52

* Per 100,000 Residents

(report continues on next page)

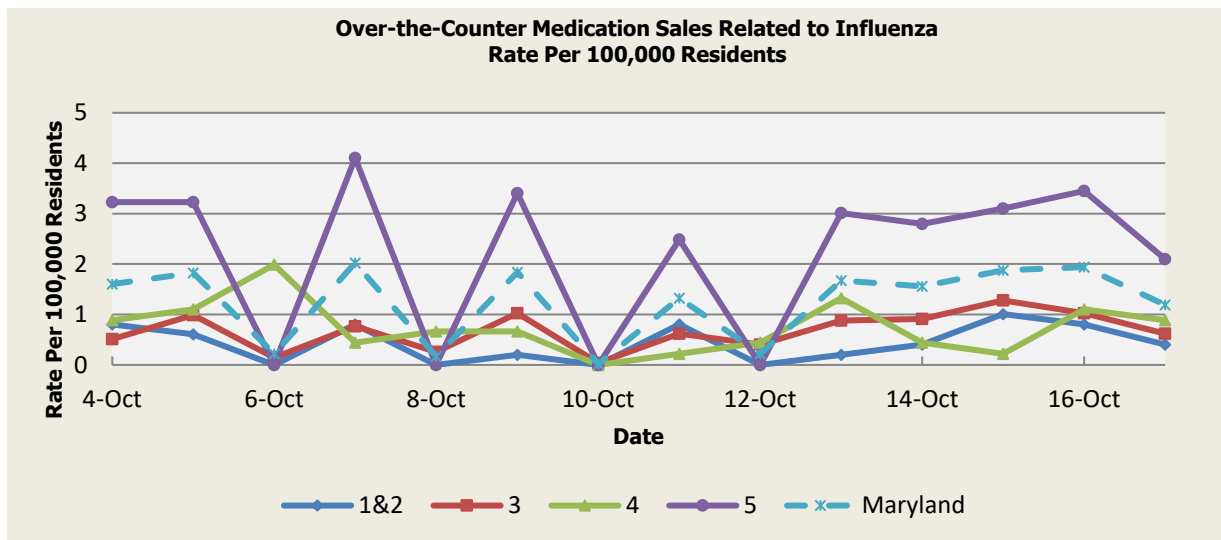
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

(report continues on next page)

Over-the-Counter Influenza-Related Medication Sales



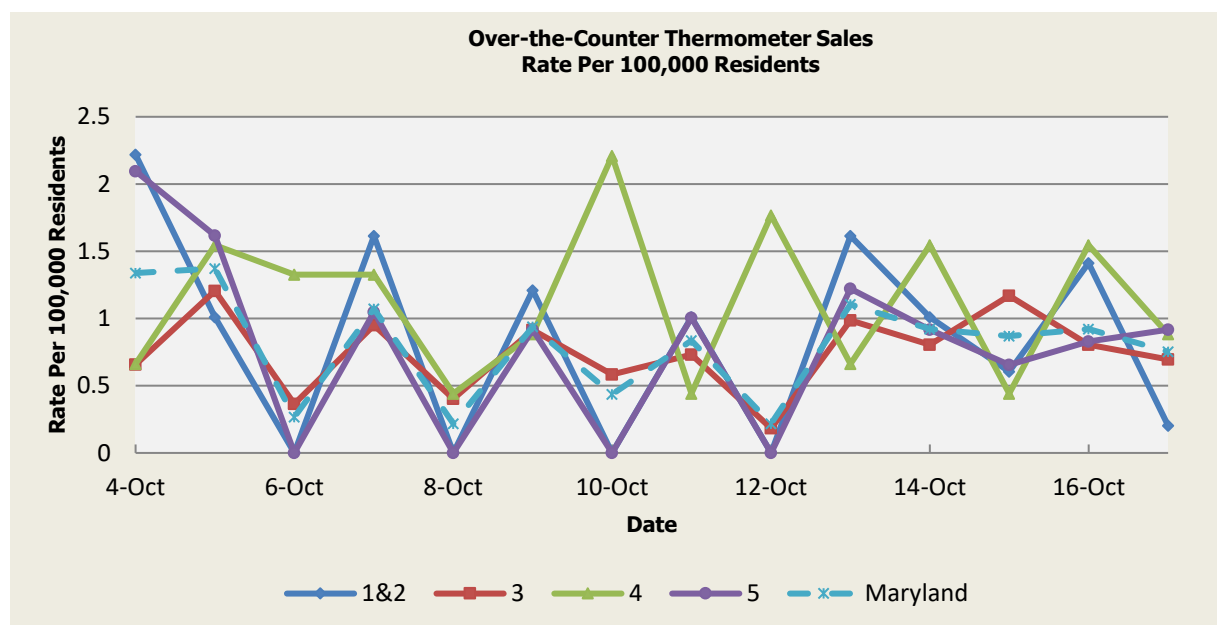
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.28	4.19	2.57	7.52	5.27
Median Rate*	2.62	3.25	2.21	6.72	4.48

* Per 100,000 Residents

(report continues on next page)

Over-the-Counter Thermometer Sales



There was no appreciable increase above baseline in the rate of OTC Thermometer Sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.74	2.60	2.10	3.44	2.
Median Rate*	2.42	2.56	1.99	3.45	2.91

* Per 100,000 Residents

(report continues on next page)

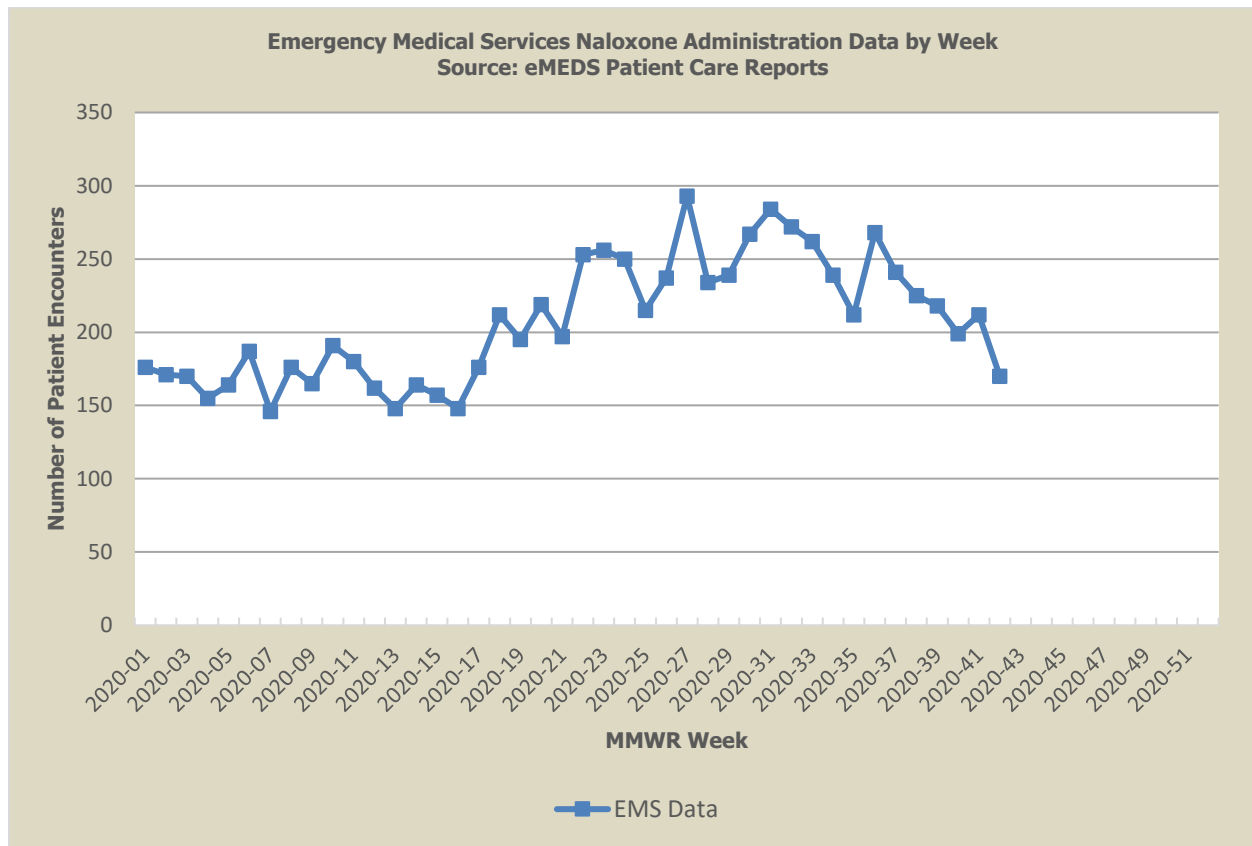
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

(report continues on next page)

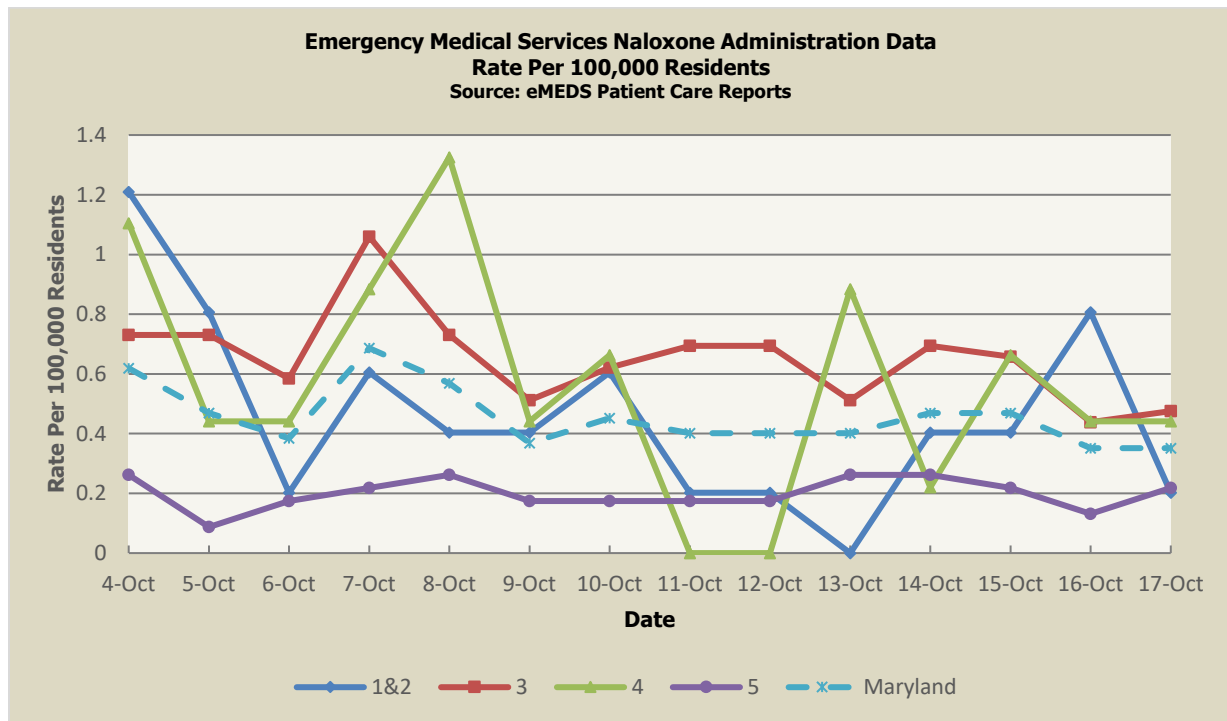
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

(report continues on next page)

Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

(report continues on next page)

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of October 23rd, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

There were no relevant avian influenza reports this week

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

SALMONELLOSIS, SEROTYPE ENTERITIDIS (MULTISTATE), 22 October 2020, A total of 101 people infected with the outbreak strain of _Salmonella [enterica_ serotype] Enteritidis were reported from 17 states. Read More: <https://promedmail.org/promed-post/?id=7882656>

CORONAVIRUS DISEASE 2019 UPDATE (USA), 21 OCTOBER 2020, as of [15 Oct 2020] 216 025 deaths from COVID-19 have been reported in the United States; however, this might underestimate the total impact of the pandemic on mortality. Read More: <https://promedmail.org/promed-post/?id=7878076>

RABIES (MULTISTATE), 18 October 2020, Hundreds of thousands of rabies oral vaccination baits will be dropped over several north Alabama counties to combat a significant public health threat in your backyard. Read More: <https://promedmail.org/promed-post/?id=7871698>

EASTERN EQUINE ENCEPHALITIS (MULTISTATE), 17 October 2020, We have just learned about the 1st reported case of a horse with Eastern equine encephalitis (EEE) in the Upper Peninsula. Read More: <https://promedmail.org/promed-post/?id=7868237>

INTERNATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (GLOBAL), 22 October 2020, The Piauí State Department of Health (SESAPI) reports that the genetic material of the new coronavirus (SARS-CoV-2) was detected in the cerebrospinal fluid of a patient recently victimized by Guillain-Barré syndrome, in Teresina. Read More: <https://promedmail.org/promed-post/?id=7882032>

PLAGUE (DEMOCRATIC REPUBLIC OF CONGO), 22 October 2020, Ituri province, in northeastern Democratic Republic of the Congo (DRC), has notified an upsurge of plague cases in the health zone of Rethy. Read More: <https://promedmail.org/promed-post/?id=7882267>

TYPHOID FEVER (CHILE), 22 October 2020, Salmonella enterica_ serovar Typhi H58, an antimicrobial-resistant lineage, is globally disseminated but has not been reported in Latin America. Read More: <https://promedmail.org/promed-post/?id=7880669>

EBOLA UPDATE (DEMOCRATIC REPUBLIC OF CONGO), 20 October 2020, the epidemiological situation of the Ebola virus disease dated 18 Oct 2020: Read More: <https://promedmail.org/promed-post/?id=7877514>

ANTHRAX (ZIMBABWE), 20 October 2020, At least 2 persons were last week [week of 12 Oct 2020] admitted with anthrax related symptoms in Chipinge [Manicaland Province], prompting officials to dispatch a rapid response team to vaccinate local livestock. Read More: <https://promedmail.org/promed-post/?id=7876654>

VIBRIO PARAHAEMOLYTICUS (CANADA), 18 October 2020, The Public Health Agency of Canada (PHAC) announced investigating an outbreak of _Vibrio parahaemolyticus_ infections occurring in 4 provinces. Read More: <https://promedmail.org/promed-post/?id=7871342>

RIFT VALLEY FEVER (SUDAN), 18 October 2020, The United Resistance Coordination of Merowe in the Northern State announced that the number of deaths from Rift Valley fever has risen to 79, while the number of recorded cases has reached 1962, including 3 cases of nervous system complications. Read More: <https://promedmail.org/promed-post/?id=7868637>

INFLUENZA (GLOBAL), 18 October 2020, The current influenza surveillance data should be interpreted with caution, as the ongoing COVID-19 pandemic has influenced to varying extents health-seeking behaviors, staffing/routines in sentinel sites, as well as testing priorities and capacities in Member States. Read More: <https://promedmail.org/promed-post/?id=7860441>

SHIGELLOSIS (DENMARK), 17 October 2020, A _Shigella_ outbreak in Denmark that sickened more than 40 people was likely caused by imported fresh mint. Read More: <https://promedmail.org/promed-post/?id=7867256>

JAPANESE ENCEPHALITIS (SOUTH KOREA), 16 October 2020, South Korea on Thursday [15 Oct 2020] reported one confirmed case and 2 suspected cases of Japanese encephalitis, all 3 of them in Gyeonggi Province. Read More: <https://promedmail.org/promed-post/?id=7867745>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:

Office of Preparedness and Response, Maryland Department of Health
7462 Candlewood Rd, Hanover, MD 21076

Peter Fotang, MD, MPH
Epidemiologist, Biosurveillance Program
Office: 443-628-6555
Email: Peter.Fotang@maryland.gov

Jennifer Stanley, MPH
Epidemiologist, Biosurveillance Program
Office: 443-628-6575
Email: Jennifer.Stanley@maryland.gov

Jessica Acharya (Goodell), MPH
Career Epidemiology Field Officer, CDC
Office: 443-628-6583
Email: Jessica.Acharya@maryland.gov

Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

